

Department of Revenue
Special Tax Division
445 East Capitol Ave
Pierre, SD 57501

To: Division of Special Tax and Licensing – Alcoholic Beverage Section

Notice of:

- ☐ **Delinquent Retailer**
☐ **Paid Delinquency**

Name of Licensee _____

Trade Name _____

License Number _____

Address _____

City _____ State _____ Zip _____

Date of Invoice _____

Amount of Invoice of Returned Check _____

Date of Delinquency _____

Date Paid _____ Amount _____

This is a true and accurate statement of the above licensee.

Wholesaler _____

Address _____ City _____

By _____

Date _____